POSITION	INITIALS	ID NO.	DATE					
FEE DETERMINATION								
O.I.P.E. CLASSIFIER		19	7 01 01					
FORMALITY REVIEW	37	TC3-883	03-15-01					
RESPONSE FORMALITY REVIEW			3 10 01					

## **INDEX OF CLAIMS**

•	Rejected	 -N	Non-elected
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_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

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If more than 150 claims or 10 actions staple additional sheet here